ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-

5a. Indicate Type of Lease
State [X] Fee [ ]

5. State Oil & Gas Lease No.
OG-1395

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [ ] GAS WELL [ ] OTHER- Injection Well

7. Unit Agreement Name
Todd Lower S/A Unit

2. Name of Operator
MURPHY OPERATING CORPORATION

8. Farm or Lease Name
Todd Lower S/A Unit
Section 35

3. Address of Operator
P. O. Drawer 2648, Roswell, NM 88202-2648

9. Well No.
5

4. Location of Well
UNIT LETTER E, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 7 South RANGE 35 East NMPM.

10. Field and Pool, or Wildcat
Todd Lower S/A Assoc.

15. Elevation (Show whether DF, RT, GR, etc.)
4197' DF

12. County
Roosevelt

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	
TEMPORARILY ABANDON	[ ]			COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER convert to injection well	[X]			OTHER			

17. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

Authorization granted by OCD Order No. WFX-571 dated May 26, 1988 to inject water into the subject well through ceramic-lined tubing set in a packer located within 100' of the uppermost perforation through the gross perforated interval from approximately 4200' to 4350' for the purpose of secondary recovery.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Melinda K. Hickman TITLE Production Supervisor DATE 6/8/88
Melinda K. Hickman

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: